

**VII. 510(k) Summary****OCT - 7 2003**

In accordance with the Safe Medical Devices Act (SMDA) of 1990 and Title of the Code of Federal Regulations Part 807 (21 CFR §807), and in particular §807.92, the following summary of safety and effectiveness information is provided:

**A. Submitted by**

Laetitia Bernard  
Manager of Regulatory Affairs and Quality Assurance  
NuVasive®, Incorporated  
10065 Old Grove Road  
San Diego, CA 92131  
Telephone: (858) 527-1918  
Date Prepared: July 16, 2003.

**B. Device Name**

Trade or Proprietary Name:	NuVasive® Cement Restrictor
Common or Usual Name:	Cement Restrictor
Classification Name:	Surgical Mesh/ Prosthesis, Hip, Cement Restrictor

**C. Predicate Devices**

The subject device is substantially equivalent to similar previously cleared devices.

**D. Device Description**

The NuVasive® Cement Restrictor is an implantable PEEK device indicated for use as a cement restrictor in the femur, tibia, and/or humerus.

The device is a hollow device with teeth on two opposing flat sides, offered in a tapered style of various sizes. The hollow core is used to hold bone cement.

The device is available in a variety of different sizes to suit the individual pathology and anatomical conditions of the patient.

***E. Intended Use***

The NuVasive® Cement Restrictor is indicated for use as a cement restrictor in the femur, tibia, and/or humerus.

This device is not intended for spinal indications. The safety and effectiveness of this device when implanted in the spine have not been established.

***F. Comparison to Predicate Devices***

As was established in this submission, the subject device is substantially equivalent to other devices cleared by the agency for commercial distribution in the United States.

Engineering drawings and labeling have demonstrated that the subject device is substantially equivalent, if not identical, to its predicate devices in terms of design, indications for use, and such other characteristics as may be associated with the manufacture of any medical device.

***G. Summary of Non-Clinical Tests***

(Not Applicable).

***H. Summary of Clinical Tests***

(Not Applicable).

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

OCT 7 - 2003

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Ms. Laetitia Bernard  
Manager of Regulatory Affairs and Quality Assurance  
NuVasive, Inc.  
10065 Old Grove Road, Suite A  
San Diego, CA 92131

Re: K032180  
Trade/Device Name: NuVasive<sup>®</sup> Cement Restrictor  
Regulation Number: 21 CFR 878.3300  
Regulation Name: Surgical Mesh  
Regulatory Class: II  
Product Code: JDK  
Dated: July 16, 2003  
Received: July 17, 2003

Dear Ms. Bernard:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act and the limitations described below. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

The Office of Device Evaluation has determined that there is a reasonable likelihood that this device will be used for an intended use not identified in the proposed labeling and that such use could cause harm. Therefore, in accordance with Section 513(i)(1)(E) of the Act, the following limitation must appear in the device's labeling:

WARNING: THIS DEVICE IS NOT INTENDED FOR ANY SPINAL INDICATIONS.

THE SAFETY AND EFFECTIVENESS OF THIS DEVICE WHEN IMPLANTED IN  
THE SPINE HAVE NOT BEEN ESTABLISHED.

Please note that the above labeling limitations are required by Section 513(i)(1)(E) of the Act. Therefore, a new 510(k) is required before these limitations are modified in any way or removed from the device's labeling.

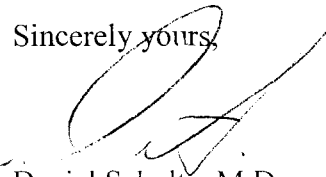
The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and permits your device to proceed to the market. This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification if the limitation statement described above is added to your labeling.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific information about the application of other labeling requirements to your device (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4659. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>.

Sincerely yours,



Daniel Schultz, M.D.  
Director  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

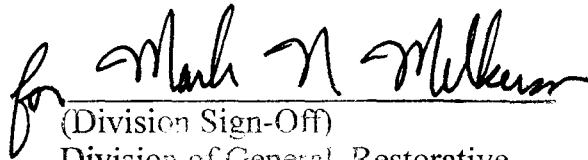
510(k) Number (if known): K032180

Device Name: NuVasive® Cement Restrictor

FDA's Statement of the Indications For Use for device:

The NuVasive® Cement Restrictor is indicated for use as a cement restrictor in the femur, tibia, and/or humerus.

This device is not intended for spinal indications. The safety and effectiveness of this device when implanted in the spine have not been established.

  
(Division Sign-Off)

Division of General, Restorative  
and Neurological Devices

510(k) Number K032180